

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710938

FILED
Apr 26, 2006
Secretary of State

Entity Name: ATLANTIC COAST DENTAL RESEARCH CLINIC, INC.

Current Principal Place of Business:

4200 CONGRESS AVENUE
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

4200 CONGRESS AVENUE
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 59-6212360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OUELLETTE, BRUCE R
1309 S FLAGLER DR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEMONGELLO, GERARD
Address: 5602 PGA BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: V () Delete
Name: MORTMAN, RORY
Address: 1501 PRESIDENTIAL WAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: LERNER, JAY
Address: 5602 PGA BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: MARTEL, VICTOR
Address: 1309 S. FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ES () Delete
Name: GELSOMINO, COLLEEN T.,
Address: 4200 CONGRESS AVENUE
City-St-Zip: LAKE WORTH, FL

Title: D () Delete
Name: BERMAN, FRED
Address: 333 SOUTHERN BLVD.
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FRASER, TOM
Address: 5601 CORPORATE WAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLEEN T. GELSOMINO

ES

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date